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ABSTRACT

This preliminary report examined the impact of W. Glasser's Reality Therapy techniques on teacher attitudes and the behavior of emotionally disturbed elementary and middle school students. A summary of Glasser's Control Theory and his recent revisions pertaining to Reality Therapy techniques is included as well as a review of the outcome literature. Subjects were 33 students with severe emotional and behavioral disabilities attending a special school. Techniques used in the intervention included specifying a clear set of expectations and consequences for behavior, and sending students who exhibit unacceptable behavior to the in-school support room to develop a plan "to do better." Data were collected via staff interviews and an examination of student behavior logs. Results suggest that Reality Therapy strategies contributed to the overall program effect in reducing frequency of severe student behavior problems. In addition, most teachers indicated that they perceived Reality Therapy as having a positive impact on student behavior and overall climate. (Contains approximately 30 references.) (Author/PB)

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THE IMPACT OF REALITY THERAPY IN A SCHOOL FOR EMOTIONALLY DISTURBED YOUTH: A PRELIMINARY REPORT

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THE IMPACT OF REALITY THERAPY IN A SCHOOL FOR EMOTIONALLY DISTURBED YOUTH: A PRELIMINARY REPORT

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ABSTRACT

This preliminary report examined the impact of Glasser's (1986, 1987) Reality Therapy techniques on teacher attitudes and the behavior of emotionally disturbed elementary and middle school students. A summary of Glasser's (1984, 1987) Control Theory and his recent revisions pertaining to Reality Therapy techniques is included as well as a review of the outcome literature. The population consisted of 33 students with severe emotional and behavioral disabilities who were attending The Broad Street Teaching and Learning Center, a special school located in Glens Falls, New York. Data were collected via staff interviews and an examination of student behavior logs for the 1991-92 school year. The results suggest that Reality Therapy strategies contributed to the overall program effect in reducing the frequency of severe student behavior problems. Also, the majority of teachers interviewed perceived the Reality Therapy model as having a positive impact on student behavior and overall climate.

INTRODUCTION

Managing disruptive students continues to be a major challenge for most school systems and there are no easy answers to the discipline question (Shanker, 1985). It has been reported that more than one and one-half million American students are suspended or expelled from school each year as a result of poor student discipline (Ford, 1984). Also, studies (Butzin, Note 1; Goodlad, 1983) within the past decade have reported increases in the amount of non-engaged time due to interruptions and students' disruptive behaviors. Certainly, this trend is at odds with the move toward quality schools (Basset, 1982) and with research evidence which supports the critical importance of time on task (Walberg, 1982).

In response to the need for more effective strategies to reduce student discipline problems and promote social development, there have been a number of "human relations" philosophies and methods that have gained widespread attention (Canter, 1976; Glasser, 1965, 1969, 1986; Gordon, 1974). These methods claim to improve education and student behavior by increasing positive affective behaviors in teachers. One of the most popular approaches used for inservice teacher education and, more recently at the preservice level, has been Glasser's Reality Therapy Model (Glasser, 1965). Since the late 1970's, Glasser has been incorporating Control Theory Psychology (Glasser, 1984, 1987) into the practice of Reality Therapy. The approach is a problem-solving discipline process that helps students learn to evaluate their lives and develop more effective behaviors to meet basic psychological needs. The central concept involves "responsibility" for personal decision-making. The practice of Reality Therapy is seen as an ongoing process made up of two major components: (1) a supportive theraputic environment and, (2) a specific problem-solving process that encourages students to move in positive directions (Cockrum, 1989; Glasser, 1990).

Although there exists a good deal of testimony and endorsement from educators, there has been limited published programmatic research on Reality Therapy and outcomes are mixed (Drummond, 1982; Emmer, 1986; Engelhardt, Note 2; Masters and Laverty, 1977; Moede, 1987; Welch & Dolly, 1980). In view of this, the current report explores the background, application and impact of Glasser's Reality Therapy approach within a special school serving students classified as "seriously

emotionally disturbed." Variables relating to student problem behavior as well as teacher attitudes toward Reality Therapy are examined.

CHAPTER I

Control Theory

Since its inception in the late 1950's · Glasser has believed that the basic Reality Therapy concept, which he called "responsibility," meant that our behavior had to be chosen by us as a best attempt at the time to meet an internal or pressing need (Cockrum, 1989). As opposed to stimulus-response theory, Glasser argues that our behavior is not a simple response to some external "stimulus" which, though it may be related to our behavior, is certainly not the "cause" of it (Glasser, 1989). According to Control Theory, behavior is motivated by forces inside the person. For example, students will not sit down, pay attention or begin work unless they choose to do so and unless they believe it will satisfy a need at that particular time. Therefore, complying with or being resistant to teacher directions is a function of satisfying personal needs.

Glasser (1984) identified five basic needs including one that is physiological and four that are psychological. The physiological need, survival, is viewed as being the source of automatically controlled functions including breathing, digestion and blood pressure regulation. Teachers and other practitioners, however, are primarily concerned with the psychological needs which include (1) love and belonging, (2) power, (3) freedom and (4) fun. According to Control Theory, fulfilling the need for belonging is crucial in that students feel that they are an integral part of the school, class, team or group and are valued as persons. The need for power is satisfied when students are competing, achieving and gaining importance. It is likely to be expressed most strongly when one perceives that he or she has little power. The need for freedom (i.e., moving or choosing) is reflected in school when students complain of not being trusted or of having too many rules and little input with respect to class activities. Finally, Glasser (1987) maintains that the need for fun is simply learning and playing which makes the struggles of life easier to endure. Without the element of fun, both in and out of the school setting, learning and the ability to adapt to life's challenges in a positive way would be limited (Heuchert, 1989).

Glasser (1984) argues that we are all actively engaged in making choices to behave in a fashion that will satisfy our basic needs. Understanding this is of key importance when applying Reality Therapy in the classroom.

Reality Therapy Approach to Discipline

Clearly, children with severe behavioral and learning disabilities need special help with their social-emotional problems and their schools need to learn how to provide that help. Reality Therapy is one approach that can be used to help a student determine what to do when his or her behavior is either self-destructive or interferes with the rights/needs of others (Fuller & Fuller, 1982).

Earlier, Glasser (1965) developed a set of "eight steps" that helped people take a look at what they wanted, what they were doing to get it, to evaluate their behavior and make a more efficient plan of action. In his latest work (Glasser, 1986.), he has relinquished the "steps" of Reality Therapy in favor of what is now referred to in Reality Therapy teaching as the "Counseling Environment" and "Procedures That Lead to Change" (Boffey, Note 3; Cockrum, 1989). While this revision includes all of the ideas that were included in the original eight steps, they are presented in a way that does not lead teachers and counselors to see them in a such a linear or cookbook fashion. The major task continues to be one of a) asking students to evaluate their total behavior (i.e., doing, thinking, feeling and physiology) and the direction in which it is taking them and, b) developing a plan to do better.

As a system of discipline it has been stated that the Reality Therapy approach will only work in a school where people would normally want to be (Fitzpatrick, Note 4). To make schools a good place they must continually strive to follow the guidelines of courtesy or mutual respect, laughter, and good communication. Essentially, the purpose of Reality Therapy in the school is to teach students to recognize that they do have control of their lives. Using a problem-solving method that supports successful decision-making, students are taught how to take greater responsibility while the school holds them accountable for their behavior. It teaches kids how debilitating behaviors such as blaming, denying mistakes and making excuses can be. Emphasis is placed on self-discipline and natural consequences. The practice of Reality Therapy recognizes that change is difficult to achieve and therefore does not make unrealistic demands on students (Fitzpatrick, Note 4).

The Counseling Environment

Glasser (1987, 1990) asserts that teachers should strive to create a supportive environment within which students can begin to make positive and responsible changes in their behaviors. He emphasizes the following points: (1) Involvement. Make friends and stay involved with students. Listen to them and give the message that you genuinely care about them. (2) No Excuses. Don't accept excuses for irresponsible behavior. Do not allow students to continue to act irresponsibly by describing their behavior as if it were something or someone else's fault. Excuses are ways to avoid responsibility. (3) No Punishment. Avoid punishing, criticizing or attempting to protect students from reasonable consequences. Students need to see their own behavior so they can deal with the "reality" of the choices they are making. Punishment removes the responsibility from the student to someone else. However, natural and logical consequences are essential. (4) Never Give Up. Where there are needs there is hope and one should never give up the idea that things can get better and people can do better.

Procedures That Lead to Change

The procedures leading to change and outlined by Glasser (1990) are meant as guidelines and are not meant to be followed in a strictly linear fashion. As others have noted (Boffey, Note 3; Fitzpatrick, Note 4), it may be necessary to drop back to a previous step to clarify an issue or to regain trust and cooperation. The following procedures are considered basic to the practice of Reality Therapy: (1) Ask students what they want. Using an open-ended question format, help students identify what direction they would like to be going in their lives. Have them establish a picture of what it would be like if their needs were being met. (2) Focus on present behavior. Have students look at their "total behavior" which includes the components of doing, thinking, feeling and physiology. Help them realize they are choosing their present directions. This is viewed as an acknowledgement and acceptance step which could be confrontative to the student. It requires the student to acknowledge that he or she was involved in choosing certain behaviors. (3) Evaluate present behavior. The core of Reality Therapy is to ask students to make an evaluation of their present behavior and whether it has a reasonable chance of working in order to help them get what they want. (4) Develop a plan.

After all available options are identified, the student is asked to construct a plan from the option(s) which might work best. When a plan is developed by the student, he/she has a personal investment in the change process. When this is not possible (i.e., as with many younger or disabled students), the teacher would be more involved in the planning process. Successful plans are more likely to be simple, specific, of short duration, designed not to punish and be something the student can "do" even if others don't cooperate. (5) Get a commitment. According to Glasser (1986), students who make commitments tend to work harder. It should be expected that the plan will be carried out, progress will be monitored and that the teacher will be there to help if the plan should fail. Through commitment to the plan, the student demonstrates to him/herself and others that he/she is a responsible person.

CHAPTER II

Review of the Literature

One of the most thorough outcome studies of Reality Therapy was reported by Masters and Laverty (1977). Five matched pairs of schools in a Pennsylvania district were identified and randomly assigned to an experimental or control (delayed treatment) group. Experimental groups were assessed after one and two years of implementation and were then compared to the control group teachers and students. Based on classroom observations, important differences were found in some but not all of the targeted teacher instructional behaviors (e.g., greater amounts of questions and acceptance of student ideas, but no differences on acceptance of feelings). Student achievement and attitude scores showed no between group differences. An effect was found on disciplinary referral rates, with the control group rate begin nearly twice the experimental group rate.

A long term project using Reality Therapy is reported by Vickery (1985) in a validation study of the Johnson City (NY) School District. Between 1971 and 1984 this district's programs were extensively redesigned using Reality Therapy as part of the outcomes-driven-development model. Other components of the model included curriculum redesign, use of a mastery model for instruction, cooperative learning and objectives-based evaluation. With respect to student achievement, significant improvements were reported in math and reading California Achievement Test scores using cross-sectional and panel data. No information was reported on student behavior. How important a role Reality Therapy played in producing the effects cannot be estimated because of the absence of control groups and lack of documentation on how the components were implemented. However, as noted in an earlier review (Emmer, 1986), it would appear that RealityTherapy can be combined with program renewal efforts so that, as a whole, the program produces positive effects.

Faber (Note 5) compared the effects of Reality Therapy in the elementary music classroom to the effects of two other disciplinary systems: a) the assignment of extra work and, b) removal from the class activity. Outcome measures focused specifically on student perceptions of classroom behavior and student attitude. Forty-eight general music classes were randomly assigned one of the three discipline systems which remained in effect throughout the 1984-85 school year. No significant

differences were found between groups in either their levels of perceived disorderly behavior or attitudes toward music class. Unfortunately, no evidence is presented in the study to indicate whether Reality Therapy had any effect on reducing behavior problems and promoting learning in the classroom. Also, there was a lack of monitoring of the teachers as they used the disciplinary methods and there is no evidence that the treatments were administered correctly.

Four studies examined the effects of Reality Therapy using a pre-post, and experimental versus control design, yet with no random assignment to groups. In a study of 13 elementary schools, Welch and Dolly (1980) found no significant changes in teacher and/or student behavior as a result of a six week training module in Glasser's techniques of Reality Therapy and Class Meetings. Browning (1978) reported mixed results in a study involving eighth-grade classes. Compared with controls, teachers trained in Reality Therapy methods developed more positive attitudes toward school and discipline concepts; students of Reality Therapy trained teachers also developed more positive attitudes toward school and made greater gains in GPA during the period of the study. However, contrary to what was expected, the experimental group had a slight increase in referral rates for discipline while the control group showed a substantial decline in referrals.

Matthews (1972) studied the effects of Reality Therapy across four elementary classes during a five month period. No significant differences were found between experimental and control groups on either academic achievement or personality measures. Fewer behavior problems were reported by teachers trained in Reality Therapy techniques although the lack of independent validation (i.e., direct observation) and question of teacher bias weakens the study. Houstin-Slowik (1982) reported a moderate decrease in academic anxiety and an increase in motivation to achieve across students in two junior high classes whose teachers utilized Reality Therapy for 11 weeks. No assessment was made regarding classroom behavior.

Other studies have examined the effects of Reality Therapy techniques using a single group design across baseline and treatment implementation phases. Engelhardt (Note 2) reported very positive effects using a Reality Therapy disciplinary model in a middle school from 1978-81. The percentage of students sent to timeout for disruptive behavior decreased from 56% in year two to 8%

in year three of the study. The 8% figure held constant in both years four and five. In addition, 64% of the teachers surveyed indicated they had more instructional time available since disruptive behaviors had decreased significantly. Moede (1987) found evidence for a substantial drop in the number of disciplinary actions - suspensions and expulsions - at three elementary schools whose teachers were trained in Reality Therapy and where an in-school suspension (ASSIST) room was used. The total number of disciplinary actions decreased from 142 in 1982-83 to 5 in 1986-87. On average, the majority (51%) of students referred to ASSIST were referred only once. A quarter of the students were referred twice and the remaining students were referred three to five times during the final year. No student was referred to ASSIST more than five times.

The impact of a school-wide Reality Therapy strategy on students at a project junior high was reported in a case study by Roberts and Martra (1978). Utilization of a student planning room led to significant reductions in the number of suspensions and student days lost. Expulsions declined only slightly. The authors commented that both teachers and administrators developed a genuine ownership in and commitment to the Reality Therapy approach. During the period 1980-82, Drummond (1982) examined the impact of training in Reality Therapy by the staff on juvenile offenders at the Maine Youth Center. Based on students' self-report, positive changes were found in their perceptions of the correctional environment over time. Specifically, youth perceived the program as being more practically oriented and the staff as more supportive. No differences were reported on measures of self-concept or locus of control although youth were seen as being more actively involved and interested in developing positive relationships with others.

Positive results have also been found in studies that have used components of Reality Therapy to respond to specific problem students. Atwell (1982) used Reality Therapy as a basis for teaching self-management skills to four highly disruptive adolescents. Classroom observations reflected significant improvement across students in their on task rates. Marandola and Imber (1979) demonstrated significant reductions in student arguing after implementing a series of class meetings which focused on this problem. In a similar study using Glasser's class meetings, Brandon (1981)

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studied the effects of these meetings on student absenteeism. A significant effect on attendance was reported at a one month follow-up although the loss of effect was reported two months after treatment.

In summary, the applications of Reality Therapy have ranged from a focus on very specific behaviors of selected students to incorporation as a primary component in a district-wide plan. Most of the studies of Reality Therapy that examined student variables reported at least one outcome measure that differed significantly between experimental and control groups or within groups across time. Only a few researchers examined the effects of Reality Therapy training on teacher behavior or attitudes and their results were mixed (Browning, 1978; Masters & Laverty, 1977; Welch & Dolly, 1980). Two studies that reported long term effects (Moede, 1987; Vickery, 1985) did not use controls and it was difficult to separate the Reality Therapy effect from other program components. Also, monitoring of implementation of the techniques was not reported in most of the studies found.

CHAPTER III

The Broad Street Teaching and Learning Center

Population

The Broad Street Teaching and Learning Center was established by the Washington-Warren-Hamilton-Essex Counties Board of Cooperative Educational Services (NY) as a specialized theraputic school for students with severe behavioral and emotional disabilities. Although many students present with language and learning disabilities their primary handicap is typically behavioral in nature in that they have not developed self-management skills to an age appropriate level. During the 1991-92 school year a total of 33 students from the surrounding four county area (rural and small city) were provided services.. Student ages range from five to fourteen years. Approximately two-thirds of the student population reside at home while the remaining one-third live in foster care or in a group home setting.

Program Description

The Broad Street Program utilizes special education, psychology, social work and speech and language services to help students acquire skills needed to live as independently and responsibly as possible. A transdisciplinary team approach is employed which recognizes the valuable and unique perspective that each team member provides. Within the past two years the primary treatment philosophy has been based on Glasser's (1987) Control Theory and Reality Therapy approach to discipline.

The program which consists of five classes and an in school support (planning) room, has a professional staff of fourteen and nine paraprofessional assistants. Given the diversity of the students and their levels of comprehension, each class operates its' own unique management system. However, all systems are based on the principles of Reality Therapy and specify a clear set of

expectations and consequences for behavior. Students who are unable to remain in their classes due to unacceptable behavior, are sent to the in-school support room to develop a plan "to do better." The plan may be written by the student or by the teacher as the student dictates. Some plans are verbal yet are documented by staff. All parties must agree to the plan with the understanding that it has a reasonable (i.e., 95%) chance of success. All plans are monitored and later reviewed with the student.

Another program component includes Nonviolent Physical Crisis Intervention Techniques (Wyka & Gabriel, 1983) which are used to contain seriously disruptive and violent behavior. Physical restraint and seclusionary timeout are used only when the student's behavior presents a threat to the well-being of self or others. Once the student is calm and has regained rational control, he or she is then referred to the in-school support room to evaluate past behavior and develop a plan.

In general, the curriculum has a behavioral focus and the academic curriculum is secondary to this. Teachers at the Center will not hesitate to stop class in order to deal with inappropriate behavior. It is the opinion of this writer that, ultimately, such action leads to more time on task and facilitates growth in both the behavioral and academic realms.

Program Outcome Measures

In an attempt to evaluate the impact of Reality Therapy on student behavior across time, four major areas were targeted: (1) Number of seclusionary timeouts, (2) Number of out of school suspensions, (3) Number of referrals to in-school support and, (4) Percentage of students referred on a repeat basis to in-school support. Data were gathered from behavioral logs for the period September, 1991 through June, 1992. Since staff attitude, understanding and commitment play an essential role in program success (Roberts & Martra, 1978; Vickery, 1985), qualitative information was also collected via informal staff interviews. It is to be noted that, unfortunately, as a result of a major program move in the summer of 1991, many student behavioral records were lost and no data are available for the 1990-91 school year.

CHAPTER IV

Results

Frequency counts of seclusionary timeout incidents show a marked reduction across months (Fig. 1). A comparison of first with fourth quarter totals indicates a decline from 79 to 28 timeout consequences, respectively.

Figure 2 shows the number of student contacts or referrals to the in-school support room during each month of the 1991-92 school year. Contrary to expectation is the increase seen in number of referrals during the months of May and June. However, overall, no clear trend is present. The total number of out of school suspensions for the year was five. Although data from previous years was not available, historical accounts obtained through staff interviews would suggest that the number of suspensions was significantly higher in the years prior to 1990 (i.e., pre-intervention years).

The average length of stay in the support room was 48 minutes and this was relatively constant across each quarter. The range in length of stay varied from 10 minutes to over 8 hours (over two school days). In terms of utilization of the in-school support room, percentages of the number of students entering from one to six or more times are shown in Figure 3. The majority (61%) were referred more than six times. Approximately 20% of the students had three to five contacts and the remaining 19% had one or two contacts for the year.

Information gained through staff interviews reveals very positive perceptions and attitudes toward the disciplinary system. When asked how much of a difference the Reality Therapy approach had made with respect to its' impact on student behavior and overall climate, 82 % reported strong effects while 18 % believed it had a moderate effect. A number of staff indicated that they felt more comfortable having a clear and systematic plan with strong administrative support behind it. The vast majority (92%) indicated that they use Reality Therapy methods daily while the remaining staff reported only occasional use. All staff members were aware of the basic principles and procedures

of Reality Therapy. Sixty-four percent expressed satisfactory or average levels of confidence in using Reality Therapy strategies. Twenty-eight percent felt very confident in applying the skills while eight percent expressed limited feelings of confidence. It should be noted that, on average, staff received approximately 20 hours of inservice training on behavior management during the year.

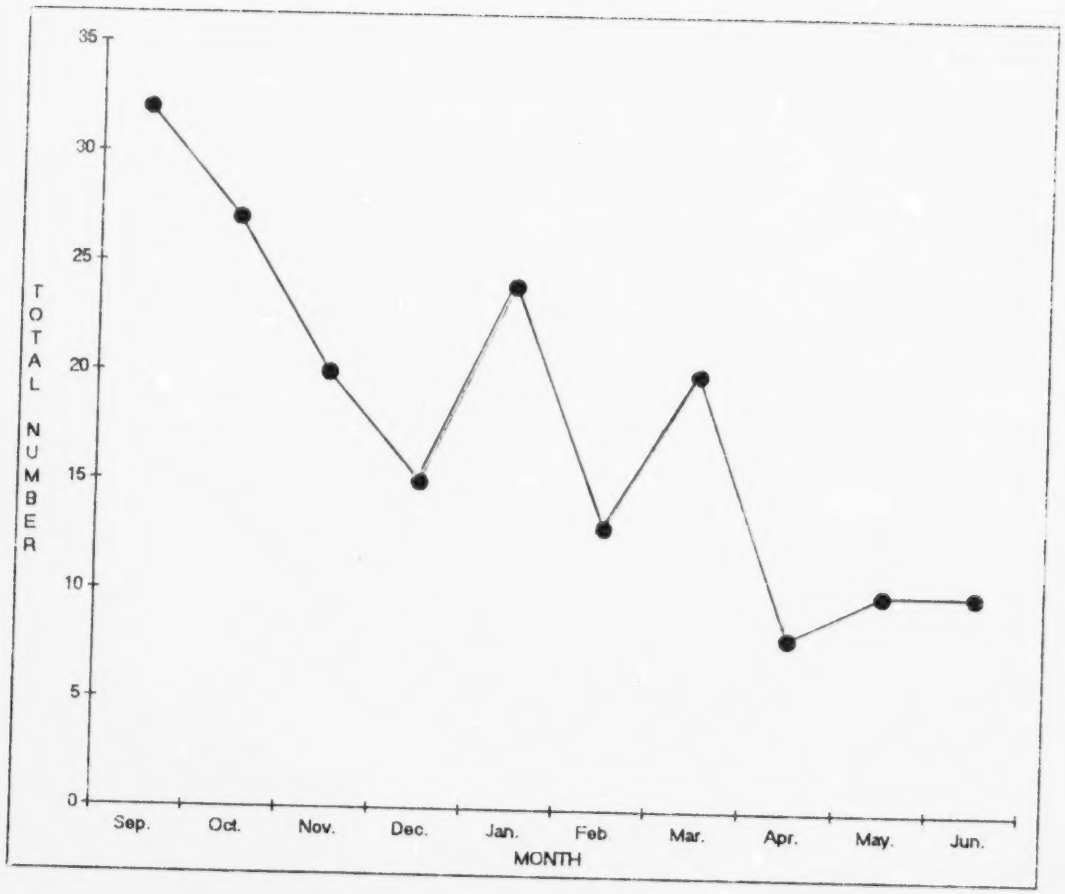

FIG. 1. NUMBER OF SECLUSIONARY TIMEOUTS PER MONTH FOR 1991-92.

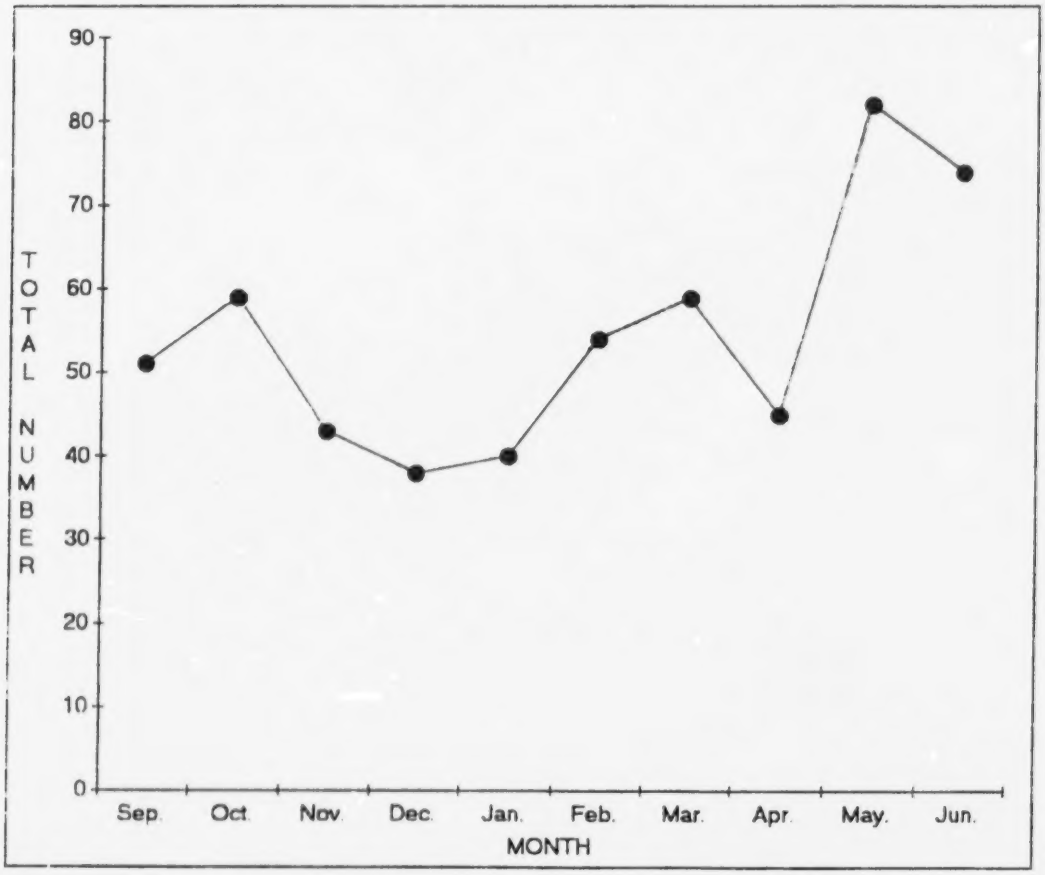

FIG. 2. IN-SCHOOL SUPPORT REFERRALS PER MONTH FOR 1991-1992

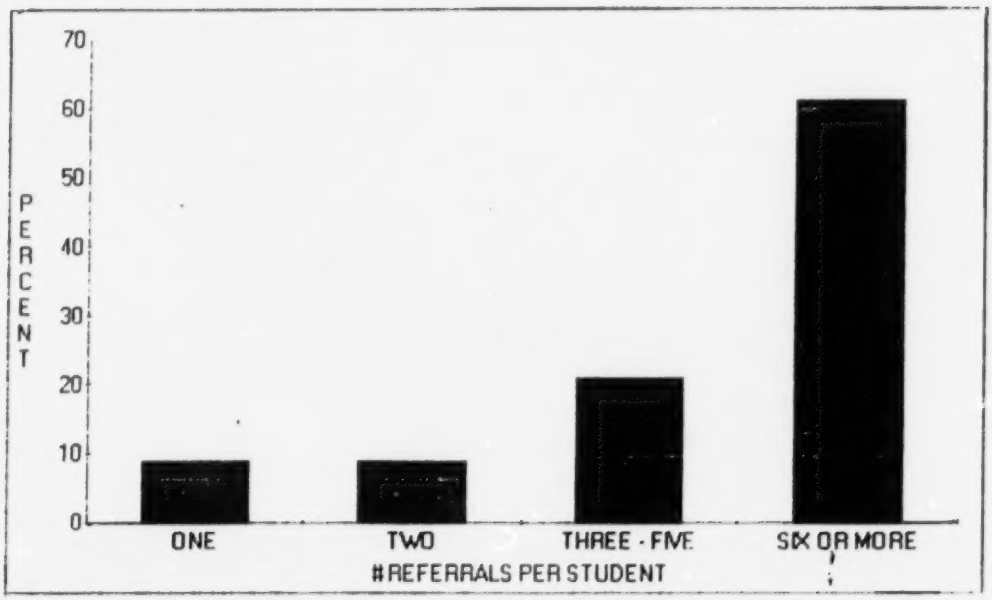

FIG. 3. PERCENT OF STUDENT RETURNS TO IN-SCHOOL SUPPORT ROOM FOR 1991-92.

CHAPTER V

Conclusion

Because there has been relatively limited published research on the use of Reality Therapy, particularly with special school populations, and because many schools are currently using this model, the preliminary findings of this report are of significance. The current investigation began the process of examining the effect of a Reality Therapy approach on student behavior and teacher attitudes within a program designed for children with severe emotional and behavioral disabilities. Although the results are somewhat mixed in terms of the impact on student behavior, the overall effect is viewed as positive. Significant decreases were found in the number of severe or violent behavioral episodes requiring seclusionary timeout. Referrals to the in-school support room did not show a decline yet the number of out-of-school suspensions was minimal. Certainly, utilization of the support room, where students are sent to develop a plan for changing their behavior, is a better alternative than suspension. The results also indicate that teachers had generally high approval ratings for Reality Therapy and a commitment to this as an approach to help students deal with their problems in a positive, responsible manner.

In examining these results, however, it is important to consider a number of limiting factors. Clearly, the lack of a control or other comparative group as well as the lack of pretreatment data weakens the findings of this report. Information gathered covers a relatively short period of time and it is difficult to determine the presence of any clear trends. The results also reflect the impact of the total program and no empirical basis exists for determining which components contribute to the total effect. In addition, the outcome measures selected did not measure changes that may have occurred in other variables such as classroom climate, social reasoning and problem-solving skills, and self-esteem.

Nevertheless, given the extreme needs of this special population and severity of the students' behaviors, the current report offers some encouraging findings. Staff members have been able to

expand their repertoire of skills to help students learn and behave in a more responsible fashion. Hopefully, additional longitudinal studies of the current system will further clarify and help validate these initial results.

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